



HAWAII STATE ETHICS COMMISSION  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

RECEIVED

'05 MAR 31 11:05

M0107  
UPS

STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME(Last)	(First)	(Middle)	TELEPHONE
MacRAE	Bruce	D.D.	949.452.2082
MAILING ADDRESS (Street)			FAX
25201 PASSEO DE ALICIA, Suite 200			949.452.2046
(City)	(State)	(Zip Code)	
Laguna Hills, CA		92653	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
U.P.S.			949.452.2000
MAILING ADDRESS (Street)			FAX
25201 PASSEO DE ALICIA, Suite 200			949.452.2046
(City)	(State)	(Zip Code)	
Laguna Hills, CA		92653	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Bruce D.D. MacRAE			949.452.2082
MAILING ADDRESS (Street)			FAX
25201 PASSEO DE ALICIA, Suite 200			949.452.2046
(City)	(State)	(Zip Code)	
Laguna Hills, CA		92653	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

(Signature of Lobbyist)

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Jerry Mattes

NAME OF ORGANIZATION (if applicable)

TELEPHONE

U.P.S.

949. 452. 2010

MAILING ADDRESS (Street)

FAX

25201 PASSEO DE ALICIA, Suite 200

949. 452. 2046

(City)

(State)

(Zip Code)

Laguna Hills, CA 92653

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

(Date)